

ADVANCED CERTIFICATION APPLICATION

Please type or print all information. Incomplete applications will be returned.

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| <input type="checkbox"/> INITIAL APPLICATION <i>(have never received certification)</i> | <input type="checkbox"/> SUPPLEMENTAL APPLICATION <i>(have previously received certification)</i> |
| CERTIFICATION LEVEL REQUESTED: | |
| <input type="checkbox"/> Intermediate I <input type="checkbox"/> Intermediate II <input type="checkbox"/> Advanced I <input type="checkbox"/> Advanced II | <input type="checkbox"/> First-Line Supervisor <input type="checkbox"/> Command <input type="checkbox"/> Executive |

Certification Fee enclosed (\$10.00 per level of certification)
(Payment must be in the form of Purchase order, money order, or agency check.) \$ _____
(Certificate will not be issued without payment.)

| | | | |
|--|---------------------|------------------------------|--------------------|
| NAME _____ | | | |
| Last | First | Middle | Maiden |
| Date of Birth _____ | | Social Security Number _____ | |
| Applicant Address: _____ | | Contact information: _____ | |
| (street) _____ | | Phone # _____ | |
| (city) _____ (street) _____ | | Email: _____ | |
| (zip code) _____ | | | |
| Date of New Mexico Law Enforcement Certification _____ | Rank: _____ | Date Acquired _____ | |
| Employing Agency: _____ <small>Please type or print</small> | | | |
| Agency Address: _____ | | | |
| <small>Street or PO Box</small> | <small>City</small> | <small>State</small> | <small>Zip</small> |
| Telephone Number: _____ | | | |

- ✓ A complete application packet containing copies of all training certificates and other supporting documentation must be submitted.
- ✓ Certification fee must be enclosed.
- ✓ Only advanced training certificates attached to an application for a specific advanced level certificate will be processed.
- ✓ The number of training **hours must be indicated on each certificate.**

ADVANCED CERTIFICATION WORKSHEET

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|--|---------------------|
| APPLICANT NAME | DEPARTMENT |
| RANK: DATE RANK ACQUIRED: | Date of Application |

LEVEL REQUESTED:

- Intermediate I
 Intermediate II
 Advanced I
 Advanced II
 First-Line Supervisor
 Command
 Executive

| | Dates of Attendance | | COURSE SPONSOR/INSTRUCTOR | Course Hours | Hours Credit | Certificate Attached | Reject Code |
|--|---------------------|----|---------------------------|--------------|--------------|----------------------|-------------|
| | From | To | | | | | |
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TOTAL HOURS THIS PAGE LEA-88

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| DPS USE ONLY | GRAND TOTAL HOURS |
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